

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL**  
**LICENSING**  
**APPLICATION FOR APPROVAL**  
  
**PROFESSIONAL COUNSELOR**  
**APPROVED SUPERVISOR**

DOPL-AP-066 REV 03/13/2001

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents.** Failure to complete the application and supply all necessary information may result in denial of your application. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents:**

1. Submit official documentation of practicing as a licensee engaged in the practice of mental health therapy for not less than 4,000 hours in a period of not less than two years.
2. Submit documentation of being currently licensed in good standing as a professional counselor, psychiatrist, psychologist, clinical social worker, registered psychiatric mental health nurse specialist, or marriage and family therapist supervisor.

**Additional Important Information:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice.

The following applicable laws and rules are available on the Internet at  
<http://www.commerce.state.ut.us/DOPL/dopl1.htm>

You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C,  
Taylorsville, Utah 84118, (801) 355-5009.

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Mental Health Professional Practice Act
  - ☐ Mental Health Professional Practice Act Rules
  - ☐ Professional Counselor Licensing Act Rules
2. **Qualifications for Utah Approval:** To be approved as a Professional Counselor Supervisor to provide supervision of professional counseling and mental health therapy post graduate supervised experience, an individual must meet the requirements as specified in the Professional Counselor Licensing Act Rules R156-60c-401 and R156-60c-402. The qualifications for designation as an approved supervisor include:
- ☐ be currently licensed in good standing in a profession set forth for a supervisor in the state in which the supervised training is being performed,
  - ☐ demonstrate practice as a licensee engaged in the practice of mental health therapy for not less than 4000 hours in a period of not less than two years.
3. **Supervision:** You may not supervise more than three supervisees at any given time unless approved by the board and division.

**Make Licensure Fees Payable To:**

DOPL

**Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

**Telephone Numbers:**

Direct Dial: (801) 530-6162  
(801) 530-6727

Utah Toll Free: (866) ASK-DOPL  
(866) 275-3675

**Fax Number:** (801) 530-6511

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# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License/Certificate/Registration Applying For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**APPLICATION FOR:**

\_\_\_\_\_Professional Counselor Approved Supervisor

**LICENSES:**

List all licenses, registrations, or certifications issued by any jurisdiction which you now hold, have ever held, or have ever applied for in any occupation or profession. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Profession: \_\_\_\_\_

**PROFESSIONAL EMPLOYMENT EXPERIENCE:**

List in chronological order your places of licensed professional employment experience totaling 4,000 hours. Please show month and year for each. Use additional sheets if necessary.

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

# of hours providing clinical services per  
week: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Responsibilities/Activities: \_\_\_\_\_

\_\_\_\_\_

# of hours providing clinical services per week: \_\_\_\_\_

# PROFESSIONAL COUNSELOR QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for a license or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a professional licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges, or professional association membership denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, professional association membership, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital, health care facility or agency?
9. \_\_\_\_\_ Have you had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, professional association, or criminal or administrative jurisdiction?



11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit during the past ten years? The filing date of the complaint naming you as a defendant should be considered to be the date of the malpractice suit for purposes of responding to this question.
14. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
15. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
16. \_\_\_\_\_ If you are licensed in the profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
17. \_\_\_\_\_ Are you currently using or have you recently used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. \_\_\_\_\_ Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? **Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed**, however, minor traffic offenses such as parking or speeding violations need not be listed.

**If you answer yes to this question, you must include with your application, a court docket for each and every arrest and/or conviction within the past ten years. Also, if you are currently on probation or parole, you must include a probation/parole officer report.**

20. \_\_\_\_\_ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

21. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean the applicant will not be granted a license; however additional documentation may be requested by the Division if the information submitted is insufficient.

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O.Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: 801-530-6511

## REQUEST FOR VERIFICATION OF LICENSE

### TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the State of Utah as a \_\_\_\_\_

I am/have been licensed in your State under the name \_\_\_\_\_

My Social Security Number is \_\_\_\_\_

My Date of Birth is \_\_\_\_\_

My license number in your State is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes

\_\_\_\_\_ No, please elaborate \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, From What State \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No      \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)